

**CORI CERTIFICATION APPLICATION**  
**FOR EOHHS PROVIDERS**

This application should be filled out if you are seeking a greater degree of access to Criminal Offender Record Information (CORI) than is available through a Request for Publicly Accessible Criminal. Please contact this agency if those forms do not accompany this CORI Certification Application.

An Agreement of Non-Disclosure and Statement of CORI Certification Compliance is attached to this application. All persons within your organization who will have access to CORI must sign an Agreement of Non-Disclosure and Statement of CORI Certification Compliance prior to receiving CORI from this agency. Please forward signed Non-Disclosure forms for as many individuals in your organization who will receive CORI. Copies of the form may be made as necessary. As additional persons within your organization require access to CORI, additional Agreements of Non-Disclosure and Statements of CORI Certification Compliance must be executed.

Please complete this application and mailed to the Criminal History Systems Board, 200 Arlington Street, Suite 2200, Chelsea, Ma 02150., Attn: CORI Unit. Incomplete applications will be returned.

Applications will be processed in the order in which they are received.

Name of applying organization: \_\_\_\_\_

Contact person and title: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

1. This organization is applying as a:

\_\_\_\_\_ statutorily mandated agency or individual required to have access to CORI; pursuant to M.G.L. c. 6§172(b); and/or

\_\_\_\_\_ an agency or individual where the public interest in access to CORI clearly outweighs individual security and privacy interests, pursuant to M.G.L. c. 6§172(c).

2. Please provide the names of the programs within your organization that have entered into provider agreements with EOHHS agencies, the names of those EOHHS agencies, and the respective master agreement numbers for each.
3. Please list and attach copies of any statute(s) and/or regulation(s) that require your agency or organization do CORI checks.
4. Please list and attach copies of any federal or state licenses your organization may need to operate.
- 5a. Please list all job titles you wish to screen with brief job descriptions for each.

5b. Where would this service or activity normally occur?

(Please attach this information on a separate form if necessary.)

6. Please state whether you seek to screen prospective and/or current employees, volunteers, etc.
7. Please describe your present screening practices. Please state whether you have ever requested publicly accessible criminal records and sex offender information as part of your screening process.
8. Please explain why requests for publicly accessible conviction records are insufficient for purposes of screening your volunteers or employees.
9. Please describe all incidents which occurred which may have been prevented had you been

CORI certified.

10. Please describe what measures you would take to store CORI in a secure manner.

I hereby affirm that the information contained in this application and in support thereof is true to the best of my knowledge and belief.

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Signature of Authorized Individual

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Dated

**Criminal Offender Record Information ("CORI")**  
**Individual Agreement of Non-Disclosure and Statement of CORI Certification Compliance**

I understand that any person who willfully requests, obtains or seeks to obtain criminal offender record information (CORI) under false pretenses, or who willfully communicates or seeks to communicate CORI to any agency or person except in accordance with the provisions of M.G.L. c. 6, §§168 through 178B, inclusive, shall for each offense be fined not to exceed five thousand dollars (\$5,000.00), or imprisoned in a jail or house of correction for up to one year, or both and/or may be ordered by the Criminal History Systems Board to pay civil fines not to exceed five hundred (\$500.00) for each willful violation.

I understand that CORI certification authorizes me to only request, access, and review CORI to the extent authorized by the CHSB. The extent of the certification will be included in the agency's CORI certification letter and I agree to read, understand, and request CORI only for those individuals for which the CHSB has granted certification.

I have reviewed, understand and agree to comply with the CHSB audit guidelines that are available at [www.mass.gov/chsb](http://www.mass.gov/chsb). I agree to store and disseminate CORI consistent with these guidelines.

I understand how to read and interpret a CORI report and have reviewed the information provided by the CHSB entitled "How to Read a BOP" that is available at [www.mass.gov/chsb](http://www.mass.gov/chsb). I agree to provide all applicants with a copy of their CORI upon request so they may review it.

I understand that all agencies certified to access CORI are required to maintain an agency CORI policy and will review the Model CORI policy that is available at [www.mass.gov/chsb](http://www.mass.gov/chsb).

I also understand that a criminal record check will be conducted on me by the Criminal History Systems Board as a prerequisite to my having authorization for access to CORI. You will only be notified if you are determined inappropriate to access CORI.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle initial

\_\_\_\_\_  
Maiden name

\_\_\_\_\_  
Alias

\_\_\_\_\_  
Date of Birth (MM/DD/YY)

\_\_\_\_\_  
Social Security Number (requested but not required)

\_\_\_\_\_  
Job title

\_\_\_\_\_  
Driver's License #      State

\_\_\_\_\_  
Agency/ Business

\_\_\_\_\_  
Agency Code (if previously certified)

\_\_\_\_\_  
Address

*This document is to be completed by ALL persons employed by, contracted with, or otherwise operating in association with the herein named agency, and who may have access to CORI.*